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PATIENT NAME: _____

APPOINTMENT DATE/TIME: _____

1. ETT (Do not eat/drink 2 hours prior to test - **Test time 45 minutes**)
2. STRESS ECHO (Do not eat/drink 2 hours prior to test - **Test time 1 hour**)
3. DOBUT. STRESS ECHO (Do not eat/drink 4 hours prior to test - **Test time 1 hour**)
4. DUAL EXERCISE ETT (Do not eat/drink 4 hour prior to test - **Test time 3 hours**)
5. DUAL ADENOSINE ETT (Do not eat/drink 4 hours prior to test - **Test time 3 hours**)
6. EXERCISE/MIBI (2-DAYS) (Do not eat/drink 4 hours prior to test - **Test time 2 hours**)
7. ADENOSINE/MIBI (2-DAYS) (Do not eat/drink 4 hours prior to test - **Test time 2 hours**)

NO GUM, COUGH DROPS, CANDY OR WATER PRIOR TO TEST DURING FASTING PERIOD. TAKE REGULAR MEDICATIONS UNLESS OTHERWISE DIRECTED BY YOUR PHYSICIAN. WEAR COMFORTABLE CLOTHES/RUBBER SOLED SHOES.

_____ **NO CAFFEINE OR DECAFFINATED PRODUCTS**, SODA, CHOCOLATE, COFFEE OR TEA FOR **48 HOURS PRIOR TO TEST** (MAY DRINK MILK, JUICE, WATER)

_____ DO NOT TAKE YOUR MEDICATIONS. BRING THEM WITH YOU TO THE EXAM

_____ IF YOU ARE A DIABETIC AND SCHEDULED FOR A.M. TESTING (8:30-10:00), PATIENTS SHOULD HOLD THEIR BREAKFAST AND DIABETIC MEDICATION.
IF SCHEDULED FOR P.M. TESTING (11:00-2:00), EAT A LIGHT BREAKFAST AND TAKE ½ OF YOU'RE A.M. DIABETIC MEDICATION.

_____ DIALYSIS PATIENTS SHOULD AVOID DIAYSIS FOR 24 HOURS FOLLOWING THE EXAMINATION AND NOTIFY THEIR HEMODIALYSIS UNIT.

HEIGHT _____ WEIGHT _____